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County of San Bernardino

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CONTRACT TRANSMITTAL

				FUR U	COUNTY	USEC	INL	Y			
New Change	Vendor Code			SC	Dent.	Α	Contract Number				
Cancel County Department				Dept. Orgn. Contractor's License		's License No.					
County Depart	ment C	Contract R	epresen	tative	Tele	ephone			Total Con	tract Amount	
Revenue				Inencumbei		Other	•				
If not encumbered or revenue contract Commodity Code Contract Contract			,, ,,	Contract End Date		Original Amount		Amendment Amount			
Fund De	ept.	Organiz	zation	Appr.	Obj/Re	ev Sour	се	GRC/F	PROJ/JOB No.	Amou	ınt
Fund De	ept.	Organiz	zation	Appr.	Obj/Re	ev Sour	ce	GRC/F	PROJ/JOB No.	Amou	ınt
Fund De	ept.	Organization		Appr.	Obj/Re	ev Sour	се	GRC/F	PROJ/JOB No.	Amou	int
Pi	roject N	ame		FY		stimate	d Pa	l/D	Total by Fiscal FY	Year Amount	I/D
County F	ire D	epartm	ent/Of	fice of E	merge	ncy S	- Serv	/ices	(OES)		

CONTRACTOR	San Bernardino County Fire Department/Office o	of Emergency Services	(OES)
Federal ID No. or	Social Security No. N/A		
Contractor's Repre	esentative Denise L. Benson, Division Manager		
Address 1743 M	liro Way, Rialto, CA 92376	Phone	(909) 356-3998

Nature of Contract: (Briefly describe the general terms of the contract)

Submission of grant application to the Governor's Office of Emergency Services for the FY 2002 Pre-Disaster Mitigation Grant Program.

The plan will include development of a mitigation strategy to include identification and involvement of stakeholders, identification of Countywide hazards, development of a mitigation plan involving all stakeholders, implementation of the mitigation plan and an ongoing monitoring and updating process for the mitigation plan. The grant allows purchase of software for completing the above elements of the mitigation plan.

The grant application is to request funding of \$25,000 with a County match of \$8,333.33 to fund staff and purchase software to develop a mitigation strategy as part of a Hazard Mitigation Plan.

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink)	Reviewed as to Contract Compliance	Presented to BOS for Signature
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County Counsel		Department Head

Auditor/Controller-Recorder Use Only

☐ Contract Data	base □ FAS
Input Date	Keyed By

Date	Date	Date

Auditor/Controller-Recorder Use Only

☐ Contract Data	base □ FAS
Input Date	Keyed By